

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010355

FILED
Feb 24, 2018
Secretary of State
CC2075909114

Entity Name: FLORIDA LIONS DIABETIC RETINOPATHY FOUNDATION, INC.

Current Principal Place of Business:

7200 LAKE ELLENOR DRIVE, SUITE 109
ORLANDO, FL 32809-5786

Current Mailing Address:

PO BOX 1407
DELAND, FL 32721 US

FEI Number: 47-1711160

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, NORMAN
513 N STONE STREET
DELAND, FL 32720 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CALLAHAN, NORMA
Address 513 N STONE STREET
City-State-Zip: DELAND FL 32720

Title TREASURER
Name HARDACRE, GARY
Address 13321 NW 146 AVENUE
City-State-Zip: ALACHUA FL 32615

Title VP
Name HYATT, RUTH
Address 8 WINDSOR COURT
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name JONES, STACEY
Address 19140 NW 22ND PLACE
City-State-Zip: MIAMI FL 33056

Title DIRECTOR
Name KAUSHAL, SHALESH
Address 6205 NW 81ST AVENUE
City-State-Zip: GAINESVILLE FL 32653

Title DIRECTOR
Name MESSER, ROGER
Address 1172 SW MIRROR LAKE COVE
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY
Name NORTON, DONNA
Address 4780 N WILLIAMS AVENUE
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name FELDHUSEN, LARRY
Address 11 MAGNOLIA AVENUE
City-State-Zip: YANKEETOWN FL 34498

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY HARDACRE

TREASURER

02/24/2018

Electronic Signature of Signing Officer/Director Detail

Date